

"HEALTH EQUALITY
FOR ALL"

OMHD

*aims to accelerate CDC's
health impact in the U.S.
population and to eliminate
health disparities for vulnerable
populations as defined by
race/ethnicity, socio-economic
status, geography, gender, age,
disability status, and risk status
related to sex and gender, and
among other populations identified
to be at-risk for health disparities.*

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Health Disparities Affecting Minorities

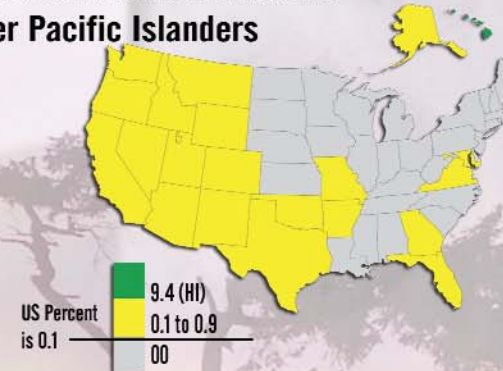
*Native Hawaiians and
Other Pacific Islanders*

Office of Minority Health
and Health Disparities

EXAMPLES OF DISPARITIES

According to the 2000 U.S. Census, **Native Hawaiians and Pacific Islanders** represent 0.3% of the U.S. population or 874,000 individuals.

Percent of Population, 2000
One Race: Native Hawaiian &
Other Pacific Islanders



Diabetes:

During 1996-2000, **Native Hawaiians** were 2.5 times more likely to be diagnosed with diabetes than non-Hispanic white residents of Hawaii of similar age.

Hepatitis B Virus (HBV):

While the rate of acute hepatitis B (HBV) among **Asian Americans and Pacific Islanders** has been decreasing, the reported rate in 2001 was more than twice as high among **Asian Americans and Pacific Islanders** (2.95 per 100,000) as among white Americans (1.31 per 100,000).

Asthma:

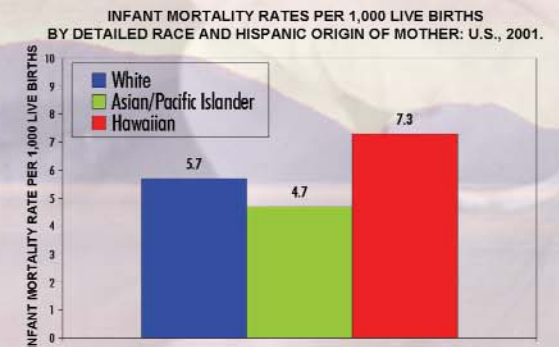
In 2000, **Native Hawaiians** in Hawaii had an asthma rate of 139.5 per 1,000, almost twice the rate for all other races in Hawaii (71.5 per 1,000).

Smoking:

In 2000, 30.9% of **Native Hawaiians** in Hawaii reported smoking cigarettes, compared with 19.7% of Hawaii residents overall.

Infant Mortality:

In 2000, infant mortality among **Native Hawaiians** was 9.1 per 1,000, almost **60% higher** than among whites (5.7 per 1,000).



PROMISING STRATEGIES

Diabetes:

Reduce the rate of diabetes and its complications among high-risk populations, increase early detection and treatment, and increase efforts on diabetes self-management through outreach and education.

Infant Mortality:

Educate communities, providers, pregnant women and family members on factors that effect infant mortality such as smoking, substance abuse, poor nutrition, lack of prenatal care, medical problems, chronic illness, and sudden infant death syndrome (SIDS).

Hepatitis B Virus (HBV):

Prevent perinatal HBV infection by screening all pregnant women and providing post-exposure immunization to at-risk infants of chronically infected mothers.

Include routine HBV vaccination as part of the childhood, adolescent, and adult immunization schedule.

Asthma:

Reduce the frequency and severity of asthma attacks through appropriate medical care, monitoring of symptoms and objective measures of lung function, along with environmental control measures to reduce exposures to allergens and other asthma triggers.

Smoking:

Prevent the initiation of tobacco use among young people, promote quitting among young people and adults, eliminate nonsmokers' exposure to environmental tobacco smoke (ETS), identify and eliminate disparities related to tobacco use and its effects among different population groups.

WHAT YOU CAN DO

Healthcare Providers

Advise and encourage clients to reduce their risk for chronic and infectious illnesses.

Ensure that standing orders are in place for screening tests.

Advise seniors and medically compromised clients to get pneumococcal and influenza vaccinations.

Conduct foot and kidney exams with diabetic clients during routine healthcare visits and recommend eye screenings annually.

Provide culturally competent and linguistically appropriate care.

Individuals

Think prevention – see a healthcare provider annually, even if you feel healthy.

Eat more fruits and vegetables and less fat and sugar.

Get at least 30 minutes of physical activity daily -- taking the stairs burns 5 times more calories than taking the elevator.

Place sleeping babies on their backs. A separate but proximate sleeping environment is recommended such as a separate crib in the parents' bedroom. Bed sharing during sleep is not recommended.

Take loved ones to a healthcare provider.

Stop smoking.

Community

Join with others to promote community-wide health activities and campaigns.

Form coalitions with civic, professional, spiritual, and educational organizations to advocate health policies, programs, and services.

Support policies that promote health-care access for all.

MORE INFORMATION

CDC's Office of Minority Health and Health Disparities (OMHD)

<http://www.cdc.gov/omhd/Populations/NHOPI/NHOPI.htm>
(404) 498-2320

HHS' Office of Minority Health Resource Center (HHS OMHRC)

<http://www.omhrc.gov/OMHRC/index.htm>
(800) 444-6472

National Center on Minority Health and Health Disparities (NCMHD)

<http://ncmhd.nih.gov>
(301) 402-1366 TTY: (301) 451-9532

FirstGOV

<http://www.firstgov.gov>
(800) FED-INFO (333-4636)

Asian and Pacific Islander American Health Forum (APIAHF)

<http://www.apiahf.org/>
(415) 954-9988

Association of Asian Pacific Community Health Organizations (AAPCHO)

<http://www.aapcho.org/>
(510) 272-9536

Hawaii Medical Association

<http://www.hmaonline.net/whoweare.htm>
(808) 536-7702

Asian & Pacific Islander Nurses Association (APINA)

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Clifton, NJ. 07013
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